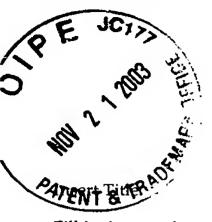
Attorney Docket No. 1381-0300P

PLEASE NOTE: **YOU MUST** COMPLETE THE **FOLLOWING**



BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint

AVENT BURACO	inventor (if plural in invention entitled:	ventors are nam	ned below) of the subject	matter which is claimed and	or which a patent is s	ought on the			
AVENT BURNO	METHOD FOR CON	TROLLING AN	ELEVATOR GROUP		·				
Fill in Appropriate Information - For Use Without Specification Attached:	forth above and/or the specification The specification United States Apand amended on the specification	ne following; n was filed on <u>Au</u> pplication Numb n <u>August 22, 2003</u> was filed on <u>Feb</u> pplication Numb	er3	, the application is identified by the attorney docket number as set					
	amended by any ame I acknowledge Regulations, §1.56. I do not know a thereof, or patented year prior to this applicat date of this applicat date of this applicat representative or ass patent or inventor's c application by me or I hereby claim f or inventor's certifica	endment referred the duty to disc and do not believe or described in a plication, that the ion, that the inve- tion in any coun- igns more than certificate on this my legal represe oreign priority be te listed below and act of the applicate	to above. lose information which is the same was ever known any printed publication in e same was not in public ention has not been patent antry foreign to the Unite twelve months (six month invention has been filed entatives or assigns, except enefits under Title 35, Un	ited States Code, §119(a)-(d) of ow any foreign application for p	America before my or invention thereof or nates of America more eventor's certificate issupplication, and that no a finited States of Americany foreign application	de of Federal our inventior nore than one than one year led before the or my legal pplication for a prior to this n(s) for patent tificate having			
Insert Priority	0 11		·		•				
Information: (if appropriate)	20010355 (Number)	<u>Finland</u> (Country)		February 23, 2001 (Month/Day/Year Filed)	_ ⊠ Yes	□ No			
(ii appropriate)	(rumber)	(Country)		(World) Day, Tear Thea,	_ 🗆				
	(Number)	(Country)		(Month/Day/Year Filed)	_ U Yes	□ No			
	(Number)	(Country)		(Month/Day/Year Filed)	_ □ Yes	□ No			
	(Number)	(Country)	<u>-</u>	(Month/Day/Year Filed)	_ □ Yes	□ No			
	I hereby claim the be	nefit under Title	35, United States Code, §1	19(e) of any United States provi	sional applications(s) li	sted below.			
Insert Provisional Application(s): (if any)	(Application Numbe	r)		(Filing Date)	 				
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
Insert Requested Information: (if appropriate)	Country		Application Number	Date of Filing	(Month/Day/Year)				
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is no disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s): (if any)	(Application Numbe	r)	(Filing Date)	(Status - pater	nted, pending, abandon	ed)			
Page 1 of 2 (Rev. 07/2003)	(Application Numbe	r)	(Filing Date)	(Status - pater	nted, pending, abandon	ed)			

72.

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor → Insert Date This Document is Signed	Tapio TYNI	11:17		ateren 13 2003				
Insert Residence	Residence (City, State & Country)	0	CITIZENSHIP					
Insert Citizenship →	Hyvinkää, Finland	Finland						
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	Vehmaskorventie 6, FIN-05620 Hyvinkää, Finland							
Full Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE* 0470BER 22				
see above	Jari YLINEN	200		2003				
	Residence (City, State & Country)		CITIZENSHIP					
	Hyvinkää, Finland	Finland						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	Kutojankatu 36, FIN-05800 Hyvinkää, Finland							
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fourth								
	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHII					
Inventor, if any:			CITIZENSHII					
Inventor, if any: see above	Residence (City, State & Country)		CITIZENSHII					
Inventor, if any:	Residence (City, State & Country)		CITIZENSHII					
Inventor, if any: see above Full Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address	including City, State & Country)	CITIZENSHII	DATE*				
Inventor, if any: see above Full Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME	including City, State & Country) INVENTOR'S SIGNATURE		DATE*				
Inventor, if any: see above Full Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country)	including City, State & Country) INVENTOR'S SIGNATURE		DATE*				
Inventor, if any: see above Full Name of Fifth Inventor, if any: see above Full Name of Sixth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address	including City, State & Country) INVENTOR'S SIGNATURE including City, State & Country)		DATE*				
Inventor, if any: see above Full Name of Fifth Inventor, if any: see above Full Name of Sixth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME	including City, State & Country) INVENTOR'S SIGNATURE including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHII	DATE*				

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